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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number		7,148,035
	Issue Date		December 12, 2006
	First Named Inventor		Carroll et al.
	Title	Polypeptide	
	Art Unit	1648	
	Examiner Name		A. R. Salimi
	Attorney Docket No.		31127/43656

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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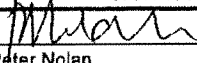
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	01/01/08
Name	Peter Nolan	Telephone	+44 1865783000
Title and Company Senior Vice President of Commercial Development, Oxford BioMedica (UK) Ltd.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 2 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: 7/1/2008

Signature:  (Marshall P. Byrd)